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(Depositor's na FOXCONN INTERNATIONAL, INC. 8 2004 1650 MEMOREX DRIVE SANTA CLARA, CA 95050 (Signat ATTORNEY DOCKET NO. CONFIRMATION NO. FIRST NAMED INVENTOR APPLICATION NO. FILING DATE Lung-Sheng Tai 6573 10/629,231 07/28/2003 TITLE OF INVENTION: EXTRACTION TAB FOR EXTRACTING ELECTRICAL CONNECTOR **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE APPLN. TYPE SMALL ENTITY **ISSUE FEE** 03/05/2004 \$1330 \$300 \$1630 nonprovisional NO **CLASS-SUBCLASS EXAMINER** ART UNIT 2833 439-160000 HAMMOND, BRIGGITTE R 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the Wei Te Chung names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent The Address" indication (or "Fee Address" Indication form attorneys or agents. If no name is listed, no name PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) TAIPEI HSIEN, TAIWAN HON HAI PRECISIONIND. CO., LTD. individual 🗶 corporation or other private group entity governm Please check the appropriate assignee category or categories (will not be printed on the patent); 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Klssue Fee X A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. □ Publication Fee ☐ Advance Order - # of Copies _ ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number (enclose an extra copy of this form). Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. (Authorized Signature) 03/10/2004 SSESHE2 00000008 10629231 Wei Te Chung

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